

2009 SENATE HUMAN SERVICES

SB 2049

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2049

Senate Human Services Committee

☐ Check here for Conference Committee

Hearing Date: 1-13-09

Recorder Job Number: 6898, 6922

Committee Clerk Signature

Mary K. Monson

Minutes:

Senator J. Lee opened the hearing on SB 2049 relating to state department of health emergency medical services assessments, training, and recruitment.

Rep. Porter, Dist. #34, explained that this bill came out of the Public Safety Interim Committee. First, he talked about the money. Insurance premiums go to the Insurance Commissioner then he turns it over to the general fund. This bill takes a portion of that insurance tax prior to being turned over to the general fund for the purpose of the assessments, training, and recruitment for EMS across the state. This is focused back to the rural services.

One of the areas that was talked about was what the state does to get out, do training, do recruiting, and assess the rural ambulance services to make sure they are operating as efficient as viable as they can. This bill allows the department to contract with a third party group to provide these services – to get the ultimate goal of improving emergency medical services across the state – to put into place leadership training.

Section 4 talks about the appropriations- grants for employment and additional money for the award of the contract for the recruitment and assessments.

Senator J. Lee asked who would do the assessments.

Rep. Porter said it would have to be put out on a RFP. The EMS certainly could be a group that could bid that. They do some leadership training already. Other groups do the same thing.

Senator Dever asked if it was safe to assume the Insurance Tax Distribution Fund is sufficient to cover this.

Rep. Porter didn't have the numbers.

Roxanne Woeste, A fiscal analyst with the Legislative Council, said she didn't have the numbers but there are sufficient funds. This bill does have a fiscal note.

Mark Weber, President of the ND EMS Association, See attachment #1 in support of SB 2049. The grants will only go to the ambulance services where they need to be in 20 years. He offered an amendment as explained on page 3 of his testimony.

Senator J. Lee asked if the organization would be comfortable with the committee considering that, instead of being so specific in statute about expenses, it could be something determined by the ambulance service itself—let the ambulance have a little decision making authority.

Mr. Weber was fine with rewording that a little as long as they are able to reimburse for their time. The individuals definitely need to be reimbursed for their time. Some ambulance services may send somebody and not reimburse.

Senator J. Lee was hesitant about mandating how the money is used.

Senator Heckaman wanted to know who does the rules for the staffing grant.

Mr. Weber replied that Tim Meyer's office did it last time. He is easy to work with. Some directors are not. They want to make sure that in future years, as the grant progresses, the affected people have some say in the rules that are made for the grant.

Senator Dever didn't see local matching in the bill.

Mr. Weber explained the local match was in the last bill.

There was a short discussion on the local match and the reasons for it.

Marnie Olson, Maddock Ambulance Squad Leader, testified in support of SB 2049. See attachment #2.

Steve Thomas, EMT Basic with West River Ambulance and a Board Member of ND EMS Association, testified in support of SB 2049. See attachment #3.

There was no opposing testimony.

Tim Meyer, Director of EMS with the Department of Health, said the department was neutral on SB 2049. The way he understands the bill the money would flow through the health department to the entity providing the training. It is important to offset the expenses of the volunteers. He felt it best to be specific about the reimbursed expenses. Income would not be expenses.

Senator Dever pointed out that the bill said "the department shall provide a stipend and reimburse..." He asked what is meant by stipend.

Senator J. Lee said they need to be specific about the stipend and the expenses and said the committee would be open for any suggestions on how to do it.

Mr. Meyer replied that the department is neutral so it is the decision of the committee, but if an explicit amount isn't put in the department will have to create a process to determine it.

The hearing on SB 2049 was closed.

Job #6922

There was discussion on the funding for SB 2049. What is the amount for the training, assessment, and recruitment? Priorities need to be established but the committee didn't come to any conclusions.

Senator J. Lee adjourned the meeting.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2049

Senate Human Services Committee

☐ Check here for Conference Committee

Hearing Date: 1-14-09

Recorder Job Number: 7024

Committee Clerk Signature

Mary K. Morrison

Minutes:

Senator J. Lee opened SB 2049 for discussion. She reviewed the amendment proposed by Mark Weber. She asked Ken Tupa, EMS Association, to address the amendment.

Mr. Tupa talked about contracting with a third party for each of the three items. This was the intent when it was recommended during the Public Safety Interim Committee.

The second amendment was the creation of a committee for the staffing grant. He said a stipend of about \$100/day is probably appropriate.

Senator Heckaman asked about dividing the funding up between assessments, training, recruitment rather than a percentage. Will it be decided by the department?

Mr. Tupa didn't have a precise answer and neither did **Mr. Meyer**.

Senator J. Lee asked Rep. Porter what the plans were for dividing up the money.

Rep. Porter said there was a formula they used to come to the specific number in the FN. He informed the committee that Roxanne from Legislative Council would e-mail that information to the committee. (Attachment #4)

Discussion continued on if there is a need to be specific on where the money goes and how to distribute it. Third parties were talked about and probably could be a one focused RFP.

Recruitment should probably be focused at the state level versus the local level. The high school students are a prime group to focus.

Senator J. Lee asked to have the amendment prepared as suggested by Mark Weber.

Senator Heckaman had a question about section 4. She wanted information on grant monies from the last bill.

Mr. Meyer answered that the money was not all spent. They had some hurdles to accomplish before they could start distributing the money.

Senator J. Lee asked if the money in the Governor's budget is in addition to what 's in this.

Mr. Meyer said it was.

Rep. Porter offered that the money in the Governor's budget for the next biennium is just to continue those services that have been receiving the grants that have been started. This

money would be to increase the pot to go out to those services that have applied and there is no funding for. Same process, same everything. The sliding scale is the local match.

Senator J. Lee closed discussion on SB 2049.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2049

Senate Human Services Committee

☐ Check here for Conference Committee

Hearing Date: 1-20-09

Recorder Job Number: 7349 (Meter 11:00)

Committee Clerk Signature

Mary L. Monson

Minutes:

Senator J. Lee opened SB 2049 for discussion. An amendment had been offered by Mark Weber concerning meals, mileage, leadership training, and statewide recruitment drive, and having a committee to help develop rules.

Tim Meyer, Department of Health, appeared before the committee to answer questions.

He explained that they don't typically pay a stipend.

Senator J. Lee then asked if they would be establishing a whole new precedent if a stipend was established for those attending.

The department hasn't offered classes like this before. Mr. Meyer thought the stipend might be integral to make enough attendance to make it cost effective.

The fiscal note is in addition to the governor's budget but for the same project. Discussion continued on the fiscal note numbers.

Senator J. Lee wanted to know where the numbers came from. She thought it was high.

Mr. Meyer explained the EMS Association calculated the numbers. He went on to explain that when they were developing the standards for the staffing grant 108 ambulance services were identified that could be eligible. There were only 40 applicants and could only do about 30

projects. Only actual expenses were reimbursed. Most of the expense went to pay for on call time.

Senator J. Lee suggested a study could result in changes that could be made next biennium. Planning out for two biennium was discussed.

Mr. Meyer thought this would be an ongoing appropriation.

The assessment is new and supports section 2.

The stipend of \$100/day would be to offset any wages lost and would be in addition to travel, lodging, and expenses.

Discussion on the proposed amendments continued. They didn't want to create a committee.

They agreed on using "may" instead of "shall" to contract with a third party. Also, the stipend is not to exceed \$100/day. They decided not to do anything with the fiscal note.

Additional testimony submitted. See attachment #5.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2049

Senate Human Services Committee

☐ Check here for Conference Committee

Hearing Date: 1-21-09

Recorder Job Number: 7464

Committee Clerk Signature

Mary R. Monson

Minutes:

Senator J. Lee opened SB 2049 to review the amendment prepared by the intern.

Senator Erbele moved to adopt the amendment.

Seconded by **Senator Dever**.

Roll call vote 6-0-0. **Amendment adopted.**

Senator Dever moved a **Do Pass** on **SB2049** as amended and rerefer to Appropriations.

seconded by **Senator Heckaman**.

Roll call vote 6-0-0. **Motion passed.**

Carrier is **Senator Erbele**.

FISCAL NOTE
Requested by Legislative Council
02/17/2009

Amendment to: Engrossed
SB 2049

1A. State fiscal effect: *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2007-2009 Biennium		2009-2011 Biennium		2011-2013 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues			(\$4,654,000)	\$4,654,000	(\$4,659,000)	\$4,659,000
Expenditures				\$4,654,000		\$4,659,000
Appropriations				\$4,654,000		\$4,659,000

1B. County, city, and school district fiscal effect: *Identify the fiscal effect on the appropriate political subdivision.*

2007-2009 Biennium			2009-2011 Biennium			2011-2013 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2A. Bill and fiscal impact summary: *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

The amendment to this bill increases the appropriation in section 5 from \$1,274,000 to \$1,404,000 and adds 1 FTE to the department of health.

B. Fiscal impact sections: *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

This bill would provide funding (other funds) from the insurance tax distribution fund to provide assessments, training and recruitment of medical services operation and create grants to emergency medical services operations and 1 FTE for grant administration.

An appropriation of \$1,404,000 is included in Section 5 to complete an assessment of each emergency medical services operation receiving funds under chapter 23-40; provide mandatory leadership training, and develop an annual statewide emergency medical service recruitment drive. It also includes funding for 1 FTE. In Section 4 there is an appropriation of \$3,250,000 for grants to emergency medical services for their operations. Total cost of this bill is \$4,654,000.

3. State fiscal effect detail: *For information shown under state fiscal effect in 1A, please:*

A. Revenues: *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

Reduces the amount of general funds available from the insurance tax distribution fund.

B. Expenditures: *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

This bill includes an appropriation of \$1,404,000 to contract with a third party to complete an assessment of each emergency medical services operation receiving funds under chapter 23-40; provide mandatory leadership training; and develop an annual statewide emergency medical service recruitment drive and funding for 1 FTE in the department of health. It also includes an appropriation of \$3,250,000 for grants to emergency medical services for their operations. The only increase in costs for the 2011-13 biennium is for salary costs.

C. Appropriations: *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and*

appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.

This bill includes an appropriation to the department of health of \$1,404,000 for medical services assessments, training and recruitment and an FTE. It also includes an appropriation to the department of health of \$3,250,000 for grants to emergency medical services operations. There is an additional \$1,250,000 included in the Health Department's appropriation bill (SB 2004) for grants to emergency medical services operations.

Name:	Kathy J. Albin	Agency:	Health Department
Phone Number:	328.4542	Date Prepared:	02/17/2009

FISCAL NOTE
Requested by Legislative Council
01/26/2009

Amendment to: SB 2049

1A. State fiscal effect: *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2007-2009 Biennium		2009-2011 Biennium		2011-2013 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues			(\$4,524,000)	\$4,524,000	(\$4,524,000)	\$4,524,000
Expenditures			\$130,000	\$4,524,000	\$135,000	\$4,524,000
Appropriations			\$130,000	\$4,524,000	\$135,000	\$4,524,000

1B. County, city, and school district fiscal effect: *Identify the fiscal effect on the appropriate political subdivision.*

2007-2009 Biennium			2009-2011 Biennium			2011-2013 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2A. Bill and fiscal impact summary: *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

This bill would provide funding (other funds) from the insurance tax distribution fund to provide assessments, training and recruitment of medical services operation and create grants to emergency medical services operations. The amendments will not change the fiscal impact of this bill.

B. Fiscal impact sections: *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

An appropriation of \$1,274,000 is included in Section 5 to complete an assessment of each emergency medical services operation receiving funds under chapter 23-40, provide mandatory leadership training, and develop an annual statewide emergency medical service recruitment drive. In addition there is an appropriation in Section 4 of \$3,250,000 for grants to emergency medical services for their operations. The Health Department would require \$130,000 from the general fund to fund an FTE and associated operating costs to provide oversight of this project. A total cost of this bill is \$4,654,000.

3. State fiscal effect detail: *For information shown under state fiscal effect in 1A, please:*

A. Revenues: *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

Reduces the amount of general funds available from the insurance tax distribution fund.

B. Expenditures: *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

This bill includes an appropriation of \$1,274,000 to contract with a third party to complete an assessment of each emergency medical services operation receiving funds under chapter 23-40; provide mandatory leadership training; and develop an annual statewide emergency medical service recruitment drive. It also includes an appropriation of \$3,250,000 for grants to emergency medical services for their operations. The Health Department would require \$130,000 from the general fund to fund an FTE (107,000) and associated operating costs (\$23,000) to provide oversight of this project. The only increase in costs for the 2011-13 biennium is for salary costs.

C. Appropriations: *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

This bill includes an appropriation to the Health Department of \$1,274,000 for medical services assessments, training and recruitment and an appropriation to the Health Department of \$3,250,000 for grants to emergency medical services operations. There is an additional \$1,250,000 included in the Health Department's appropriation bill (SB 2004) for grants to emergency medical services operations. The Department would also need an additional appropriation of \$130,000 from the general fund and an FTE to administer this project.

Name:	Kathy J. Albin	Agency:	Health Department
Phone Number:	328.4542	Date Prepared:	01/27/2009

FISCAL NOTE
Requested by Legislative Council
01/05/2009

REVISION

Bill/Resolution No.: SB 2049

1A. State fiscal effect: *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2007-2009 Biennium		2009-2011 Biennium		2011-2013 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues			(\$4,524,000)	\$4,524,000	(\$4,524,000)	\$4,524,000
Expenditures			\$130,000	\$4,524,000	\$135,000	\$4,524,000
Appropriations			\$130,000	\$4,524,000	\$135,000	\$4,524,000

1B. County, city, and school district fiscal effect: *Identify the fiscal effect on the appropriate political subdivision.*

2007-2009 Biennium			2009-2011 Biennium			2011-2013 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2A. Bill and fiscal impact summary: *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

This bill would provide funding (other funds) from the insurance tax distribution fund to provide assessments, training and recruitment of medical services operation and create grants to emergency medical services operations.

B. Fiscal impact sections: *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

An appropriation of \$1,274,000 is included in Section 5 to complete an assessment of each emergency medical services operation receiving funds under chapter 23-40, provide mandatory leadership training, and develop an annual statewide emergency medical service recruitment drive. In addition there is an appropriation in Section 4 of \$3,250,000 for grants to emergency medical services for their operations. The Health Department would require \$130,000 from the general fund to fund an FTE and associated operating costs to provide oversight of this project. A total cost of this bill is \$4,654,000.

3. State fiscal effect detail: *For information shown under state fiscal effect in 1A, please:*

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Reduces the amount of general funds available from the insurance tax distribution fund.

B. Expenditures: *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

This bill includes an appropriation of \$1,274,000 to contract with a third party to complete an assessment of each emergency medical services operation receiving funds under chapter 23-40; provide mandatory leadership training; and develop an annual statewide emergency medical service recruitment drive. It also includes an appropriation of \$3,250,000 for grants to emergency medical services for their operations. The Health Department would require \$130,000 from the general fund to fund an FTE (107,000) and associated operating costs (\$23,000) to provide oversight of this project. The only increase in costs for the 2011-13 biennium is for salary costs.

C. Appropriations: *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a*

continuing appropriation.

This bill includes an appropriation to the Health Department of \$1,274,000 for medical services assessments, training and recruitment and an appropriation to the Health Department of \$3,250,000 for grants to emergency medical services operations. There is an additional \$1,250,000 included in the Health Department's appropriation bill (SB 2004) for grants to emergency medical services operations. The Department would also need an additional appropriation of \$130,000 from the general fund and an FTE to administer this project.

Name:	Kathy J. Albin	Agency:	Health Department
Phone Number:	328.4542	Date Prepared:	01/05/2009

FISCAL NOTE
Requested by Legislative Council
01/02/2009

REVISION

Bill/Resolution No.: SB 2049

1A. State fiscal effect: *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

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Appropriations			\$130,000	\$4,524,000	\$135,000	\$4,524,000

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2007-2009 Biennium			2009-2011 Biennium			2011-2013 Biennium		
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2A. Bill and fiscal impact summary: *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

This bill would provide funding (other funds) from the insurance tax distribution fund to provide assessments, training and recruitment of medical services operation and create grants to emergency medical services operations.

B. Fiscal impact sections: *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

An appropriation of \$1,274,000 is included in Section 5 to complete an assessment of each emergency medical services operation receiving funds under chapter 23-40, provide mandatory leadership training, and develop an annual statewide emergency medical service recruitment drive. In addition there is an appropriation in Section 4 of \$3,250,000 for grants to emergency medical services for their operations. The Health Department would require \$130,000 from the general fund to fund an FTE and associated operating costs to provide oversight of this project. A total cost of this bill is \$4,654,000.

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B. Expenditures: *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

This bill includes an appropriation of \$1,274,000 to contract with a third party to complete an assessment of each emergency medical services operation receiving funds under chapter 23-40; provide mandatory leadership training; and develop an annual statewide emergency medical service recruitment drive. It also includes an appropriation of \$3,250,000 for grants to emergency medical services for their operations. The Health Department would require \$130,000 from the general fund to fund an FTE (107,000) and associated operating costs (\$23,000) to provide oversight of this project. The only increase in costs for the 2011-13 biennium is for salary costs.

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continuing appropriation.

This bill includes an appropriation to the Health Department of \$1,274,000 for medical services assessments, training and recruitment and an appropriation to the Health Department of \$3,250,000 for grants to emergency medical services operations. There is an additional \$1,250,000 included in the Health Department's appropriation bill (SB 2004) for grants to emergency medical services operations. The Department would also need an additional appropriation of \$130,000 from the general fund and an FTE to administer this project.

Name:	Kathy J. Albin	Agency:	Health Department
Phone Number:	328.4542	Date Prepared:	12/31/2008

FISCAL NOTE
Requested by Legislative Council
12/08/2008

Bill/Resolution No.: SB 2049

1A. State fiscal effect: *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

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Revenues						
Expenditures			\$130,000	\$4,524,000	\$135,000	\$4,524,000
Appropriations			\$130,000	\$4,524,000	\$135,000	\$4,524,000

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2A. Bill and fiscal impact summary: *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

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B. Fiscal impact sections: *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

An appropriation of \$1,274,000 is included in Section 5 to complete an assessment of each emergency medical services operation receiving funds under chapter 23-40, provide mandatory leadership training, and develop an annual statewide emergency medical service recruitment drive. In addition there is an appropriation in Section 4 of \$3,250,000 for grants to emergency medical services for their operations. The Health Department would require \$130,000 from the general fund to fund an FTE and associated operating costs to provide oversight of this project. A total cost of this bill is \$4,654,000.

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B. Expenditures: *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

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C. Appropriations: *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

This bill includes an appropriation to the Health Department of \$1,274,000 for medical services assessments, training and recruitment and an appropriation to the Health Department of \$3,250,000 for grants to emergency medical services operations. There is an additional \$1,250,000 included in the Health Department's appropriation bill (SB 2004) for grants to emergency medical services operations. The Department would also need an additional appropriation of \$130,000 from the general fund and an FTE to administer this project.

Name:	Kathy J. Albin	Agency:	Health Department
Phone Number:	328.4542	Date Prepared:	12/31/2008

1-21-09

PROPOSED AMENDMENTS FOR SB 2049

Page 1, line 16, replace "shall" with "may" and insert immediately thereafter "contract with a third party to"

Page 1, line 17, remove "Contract with a third party for" and replace "completing" with "Complete"

Page 2, line 1, after "stipend" insert "not to exceed one hundred dollars per day,"

Renumber accordingly

[Signature]
1-22-09

PROPOSED AMENDMENTS TO SENATE BILL NO. 2049

Page 1, line 16, replace "shall" with "may contract with a third party to"

Page 1, line 17, replace "Contract with a third party for completing" with "Complete"

Page 2, line 1, after "stipend" insert ", not to exceed one hundred dollars per day,"

Renumber accordingly

Date: 1-21-09

Roll Call Vote #: 1

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2049

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number dated 1-21-09

Action Taken ☐ Do Pass ☐ Do Not Pass ☐ Amended ☐ Rerefer to Appropriations
☒ Adopt Amendment ☐ Reconsider

Motion Made By Sen. Erbele Seconded By Sen. Dever

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman	✓		Senator Joan Heckaman	✓	
Senator Robert Erbele, V.Chair	✓		Senator Richard Marcellais	✓	
Senator Dick Dever	✓		Senator Jim Pomeroy	✓	

Total (Yes) 6 No 0

Absent 0

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 1-21-09

Roll Call Vote #: 2

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2049

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 90263.0201 Title 0300

Action Taken ☒ Do Pass ☐ Do Not Pass ☒ Amended ☒ Rerefer to Appropriations
☐ Adopt Amendment ☐ Reconsider

Motion Made By Sen. Dever Seconded By Sen. Heckaman

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman	✓		Senator Joan Heckaman	✓	
Senator Robert Erbele, V.Chair	✓		Senator Richard Marcellais	✓	
Senator Dick Dever	✓		Senator Jim Pomeroy	✓	

Total (Yes) 6 No 0

Absent 0

Floor Assignment Senator Erbele

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2049: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2049 was placed on the Sixth order on the calendar.

Page 1, line 16, replace "shall" with "may contract with a third party to"

Page 1, line 17, replace "Contract with a third party for completing" with "Complete"

Page 2, line 1, after "stipend" insert ", not to exceed one hundred dollars per day,"

Renumber accordingly

2009 SENATE APPROPRIATIONS

SB 2049

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2049

Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: 01-30-09

Recorder Job Number: 8209

Committee Clerk Signature

Minutes:

Chairman Holmberg called the committee hearing to order in regards to SB 2049 relating to state department of health emergency medical services assessments, training, and recruitment and relating to insurance premium tax collections.

Rep. Todd Porter: District 34, Mandan, introduced SB 2049 and

chaired the interim public safety committee and this bill is one they received during the interim.

He's concerned with what is going on in the rural areas where they rely heavily on volunteers.

Last session, \$1.25 million was put in the Health Department's budget for a grant program that was to be used to enhance rural EMS (Emergency Medical Services). It allowed some of the services to pay their volunteers to be on call. It also allows communities to hire full time EMTs to be on duty during the 8-5 work day when the volunteers are at work.

Section 1 of this bill is a tax on insurance premiums which are used to help volunteer groups work on management issues and to assess how their operation is running.

Section 2 – Get a group working with rural EMS services to assess how operation is running.

May not have medical operations background. With all requirements for billing and HIPPA, they need tools to train and recruit Volunteer staff. (Went over different areas of bill)

Senator Christmann: hears from ambulance people that they want training. We have so much training and we are only doing it to help out. And we are burning them out with training.

Where do we draw the line that we are so professional that we don't exist?

Rep. Todd Porter: The practice of pre-hospital medicine hasn't changed much. The EMT curriculum in 1997 and continuing education are same. The basic level is still the same.

V. Chair Bowman: I had privilege of riding in ambulance twice. I had a heart attack and when I got the bill, I had another one trying to figure out how to pay for it. Where does that money go, who gets the \$3K to drive the 200 miles?

Rep. Todd Porter: There is any good answer to that question. The costs assoc. with ambulance services were paying under the costs of operating services. Even at volunteer level. Insurances vary. Because the bill amount doesn't get back what the reimbursement is,

Senator Krauter: Continue plan we have to help EMTs in section 1. In section 2, is assessment and training, are we actually increasing dollar amount to increase services?

Rep. Todd Porter: The additional money grant item is for services that didn't meet threshold or didn't get enough points.

Senator Krauter: Will section 2 help them get to that point? Can we get schedule of insurance tax distribution fund?

Rep. Todd Porter: I don't have that info.

Senator Christmann: Do you have to be in profession to understand codes and man rural ambulance staff. It hasn't changed dramatically.

Rep. Todd Porter: Some grumbling comes for 10-15 years ago. You have to be EMT. Others can be trained at level of first responder.

Mark Weber: North Dakota Emergency Medical Services (EMS) Association testified in favor of SB 2049. (Written attached testimony # 1)

V. Chair Bowman: When the bill was introduced 2 years ago, once the well starts to pump, where does it stop? If we could get into the general fund, then we could be funded. Is this going to continue? Can they operate without this after we gave them the money the next time?

Mark Weber: I don't think they will be able to function. They have revenue they can generate, but it's not enough to sustain the amount of money it would take to keep an ambulance service alive. It can cost \$120,000 dollars a year for partial paid and partial ambulance service – to run EMS service. Mill levy is set at 10 mills. Is it worth keeping ambulance in most remote areas of ND? There has been a lot of thought put into this. One can be sustained, but two may not be necessary. We've got a plan so we are not wasting money.

V. Chair Bowman: Bowman County donated \$25,000 for a new ambulance for the county because we know how important it is to have that need met and filled. Your organization looks at coordinating all of these costs, so investment are to try to give rural ND best services.

Mark Weber: That is correct.

V. Chair Grindberg: The efficient side of this. Five years are going to warrant a different model than today. Be responsive to changes. But do you have map of state that shows coverage areas now and shortage areas, and what this bill would do today to give statewide coverage.

Mark Weber: We've put circles on the maps and put response times on it and the ambulances that fall out of that time frame are more critical. We do have maps with 80 circles in the state. And within them, you have different level services. And within those systems, you may have two other ambulance or just first responders. I can provide map. We're talking twenty years into the future of EMS. Peer Assessments are going to be mandatory for grant recipients. A committee will go and help ambulance service area and see how they need help.

Maybe they need two ambulances. This grant system is hoping to utilize the money more

efficiently for things such as Leadership Training. Most people get into EMS to help people and now they are paper pushers. Recruitment and retention drive.

Address Senator Christmann's question regarding continuing Ed. Due to Homeland Security, there are some additional training, the trend is to go from hour to hour to competency based. There are no requirements for continuing Ed., and there are two options; 72 hours of continuing Ed in 48 months or you can prove you are minimally competent by taking test or recertification.

Senator Krauter: Rep. Porter said you provided him with the \$ amounts, how you arrived at this for assessments.

Mark Weber: Every ambulance service will send their leadership to 3 day classes every year. These classes will be 3 days and will have all their expenses covered. Recruitment drives include advertisement, billboards, and toolkits for the ambulance services. \$100,000

Senator Krauter: In section 4, how did you come up with dollar amount \$3.2 M

Mark Weber: I believe that right now we have 32 ambulance services and the average grant was about \$20-22K. We are looking at about 50-60 grants, however, when you we look at the requests we know that some ambulance services are in need of \$20K and others \$100K.

Larry Martinson: an Insurance Accountant with the Department of Health provided neutral testimony. (See attachment #2 & #3)

Chairman Holmberg: closed the hearing on SB 2049

Senator Mathern if I could clarify this then we would move and accept this item of the 3 FTEs in the special funds. 31.41

Senator Mathern I think we have opportunities in this legislative session to make some positive in roads on some of these health care problems. I would like to move these amendments to make that possible.

Senator Kilzer no second, we will move on.

~~Discussion on SB 2049.~~ Discussion on funding and where money could come from.

Senator Mathern I would suggest we have legislative council add that person and take from the insurance distribution fund if they want to fund 2049. Lori can you bring up the insurance tax distribution fund.

Lori neither of us include the trust statement for those.

Senator Mathern can you determine the amount of money in there from OMB data.

Arvy said it was a pretty healthy fund.

Senator Mathern I would suggest we ask for the data and the amount of money in there and take it up with the full committee.

Sheila adds one FTE from Insurance tax distribution fund?

Senator Kilzer that is what Senator Mathern would like in writing.

Reviewed the other health bills.

40.09 **SB 2049** it came over from policy committee with positive support. A number of hospitals and care providers are in support of this.

Senator Kilzer I agree it is the first

Not in the governor's budget. If SB 2049 comes out with a Do Not Pass and it doesn't pass there must be some other source of money otherwise the Governor would have had this or some part of this in his executive budget. 48.35

This was never presented to the governor.

Senator Mathern I recommend we pass this, seconded by Senator Fischer

Senator Kilzer asked if we needed any amendments.

Senator Mathern said we should ask legislative council to draft an amendment for the FTE to come out of the Insurance Tax Distribution Fund.

Senator Kilzer said we will take this up with the full committee because they will want to be in on the discussion of where the money will come from.

4237 heard on 2-3-09 deals with the health care records industry. Secretary of State would like to do this with new software that is available now at the Secretary of State office. That could cost up to \$100,000. 57.50 Subcommittee recommended we pass this. Mathern moved and Fischer seconded.

2302 relating to extended payments was a moved Do Not Pass.

2332 63.19 this bill is not done yet and scheduled for hearing on Friday.

2333 The Department of Health and the public health units worked out a deal to promote functions being done on a regional basis. Motion moved by Senator Mathern do pass and seconded by Senator Kilzer. Sub Committee approves of SB 2333.

Senator Mathern is that money that was anticipated there for immunizations in the budget.

Arvy we don't need funding in our budget because health insurance would pay.

Vote was taken do pass 3-0-0

2342 Sub committee recommends a Do pass on SB 2342 with amendment to be attached.

2356 this is a direct appropriation on the bill. Discussed bill.

Senator Mathern asked if there was a companion bill that would supply equipment.

Senator Said he thinks we have a bill loan payback.

Should the state be involved in this?

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2049

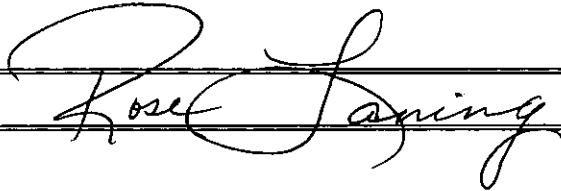
Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: February 13, 2009

Recorder Job Number: 9456

Committee Clerk Signature



Minutes:

Chairman Holmberg called the committee hearing back to order on SB 2049 which related to the state department of health emergency medical services assessments, training, recruitment and insurance premium tax collections. He stated that **Senator Mathern** has a proposed amendment to 2049.

Senator Mathern moved to approve amendment 90263.0301.

Senator Krauter seconded.

Senator Mathern If you want to do all these things, you need the money. If you don't pass the amendment, you're asking someone to do something that there is no funding for.

Senator Kilzer reported that the subcommittee had not seen the amendment, but if you're going to pass this bill, it should also be funded, but I have no objection to the amendment.

Voice vote approval of amendment 90263.0301

**Senator Kilzer stated that the subcommittee voted 2-1 on a do not pass, so he moved
MOVED DO NOT PASS on SB 2049.**

Senator Fischer seconded.

Senator Kilzer reported that this request did not make the health department budget request because they already have money in the present request just as in the biennium and would like to see money increased in the health department budget instead.

Senator Krauter asked how much he was anticipating increasing the health department budget.

Senator Kilzer replied that this was a matching grant and there are other sources for their funding, such as educational grants, political subdivisions.

Senator Mathern stated that this was a grass roots bill. It's people around the state that are doing the work and they need volunteers. Often times, the time frame in an emergency situation is a life or death situation, so the services need to be up to date. Since this bill came through the public safety committee of the legislative council, it was a legislative committee of our peers that said this is important and please take it forward in the next legislative session.

Senator Wardner said it's good to help the ambulance services, but felt they should put more in the health budget because right now it is just maintaining the emergency services.

Senator Lindaas reported that he was a member of that interim committee. We met with rural ambulance squads and gets harder and harder to get people to help there. Anything we can do would be for good. He's been getting letters from ambulance squads and they need help.

Senator Krauter thought it would be beneficial to take up the bigger Health Department budget first and then come back and see what we have left.

Chairman Holmberg asked for a roll call vote on SB 2049.

A Roll Call vote was taken. Yea: 8 Nay: 5 Absent: 1

Senator Kilzer will carry on the floor.

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2049

Page 3, line 9, replace "\$1,274,000" with "\$1,404,000"

Page 3, line 12, after the period insert "The state department of health is authorized one full-time equivalent position for implementing section 2 of this Act."

Renumber accordingly

Date: 2-13-09
Roll Call Vote #: 7

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO.

Senate Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 90263,0301

Action Taken ☒ Do Pass ☐ Do Not Pass ☐ Amended

Motion Made By Sen Mathern Seconded By Sen Krauter

Representatives	Yes	No	Representatives	Yes	No
Senator Wardner			Senator Robinson		
Senator Fischer			Senator Lindaas		
V. Chair Bowman			Senator Warner		
Senator Krebsbach			Senator Krauter		
Senator Christmann			Senator Seymour		
Chairman Holmberg			Senator Mathern		
Senator Kilzer					
V. Chair Grindberg					

Total Yes _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

*Voice vote
passed*

Date: 2-13-09
Roll Call Vote #: 2

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2049

Senate Appropriation Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken ☐ Do Pass ☒ Do Not Pass ☐ Amended

Motion Made By Sen. Kilzer Seconded By Sen. Fischer

Representatives	Yes	No	Representatives	Yes	No
Senator Fischer	✓		Senator Warner		
Senator Christmann	✓		Senator Robinson		✓
Senator Krebsbach	✓		Senator Krauter		✓
Senator Bowman	✓		Senator Lindaas		✓
Senator Kilzer	✓		Senator Mathern		✓
Senator Grindberg	✓		Senator Seymour		✓
Senator Wardner	✓				
Chairman Holmberg	✓				

Total Yes 8 No 5

Absent 1

Floor Assignment Sen. Kilzer

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2049, as engrossed: Appropriations Committee (Sen. Holmberg, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO NOT PASS** (8 YEAS, 5 NAYS, 1 ABSENT AND NOT VOTING). Engrossed SB 2049 was placed on the Sixth order on the calendar.

Page 3, line 9, replace "\$1,274,000" with "\$1,404,000"

Page 3, line 12, after the period insert "The state department of health is authorized one full-time equivalent position for implementing section 2 of this Act."

Renumber accordingly

2009 TESTIMONY

SB 2049

SB 2049January 13, 2009

Testimony – Human Services Committee
North Dakota EMS Association
Mark Weber, NDEMSA President

Good Morning Chairman Lee and members of the committee. My name is Mark Weber, and I am the President of the North Dakota Emergency Medical Services (EMS) Association. I thank you for the opportunity to testify in support of SB 2049.

First, on behalf of the North Dakota EMS Association, we wish to properly acknowledge the superior efforts and work product of the Division of Emergency Medical Services and Trauma and it's director, Tim Meyer. DEMST has had an extremely busy 18 months being concerned with developing, implementing and allocating the EMS grant process. We applaud Mr. Meyer and his department's efforts.

We (the North Dakota EMS Association) are looking to this committee for a "do pass" on SB2049. This bill will help us increase the number of services that need assistance and expand the way the staffing grants can be utilized. This request is based on the need for continued access to emergency healthcare through the ND EMS System. The pure volunteer system can no longer sustain EMS services in many areas of North Dakota. We recommend increasing the total grant amount, the development of a peer assessment process for EMS agencies, a state wide recruitment drive and the development of a leadership program for ambulance service managers.

In 2007 the North Dakota Legislature allocated \$1,250,000.00 for ND EMS. This funding was allocated to assist EMS systems with a "people" problem. Where there are not enough "people" willing to volunteer their time to serve on ambulance services. This money was to go to the neediest services based on criteria developed by the ND DoH Division of Emergency Medical Services and Trauma through a grant process. These grants have been hugely successful and are accomplishing the goals as initially intended. The grants have helped 32 Access Critical Ambulance Services, and with the local matching requirement, the \$1.25M will bring in an additional \$589,000.00 in local funds, thus having a total positive financial impact on ND EMS of \$1,839,000.00. We believe these grants should be expanded; and an additional \$3,250,000 made available to increase the number of Access Critical Ambulance Services we can help with

their “people” problem, and increase the maximum amount they can receive. If the additional funding is appropriated, using the same matching requirement, it would then have a total financial impact of \$6,615,000. We also believe an additional \$1,274,000 should be included and allow the grant scope to be broadened in ways I’m about to explain to you.

As we analyze the grant application process and when we discuss the benefits and pitfalls with stakeholders we realize we need to make changes to the grant process, accountability needs to be a part of the process. We must be able to justify to the citizens and the legislature that the allocation is making improvements to the ND EMS System and the providers are focusing on EMS duties while getting paid and we are not spending the money on services that cannot be sustained. To do this we must not just give money to the services that request it. We need to help them develop realistic goals and plans to keep service available, and then help them accomplish their goals. We can make this happen with the implementation of a peer assessment process. The assessment would be part of the grant and would include a group of peers, not a regulatory agency assessing the EMS systems structure and processes, helping develop goals, then helping them accomplish the goals. We feel this assessment process could also be available to every EMS service that requests it. By assessing a service and developing goals then helping them accomplish the goals we can assure the money is making a difference and being utilized in an effective way. If a service cannot show improvement or cannot accomplish the goals, that service should probably not receive another grant.

Another extremely important aspect to the success of these grants will be to have knowledgeable well informed ambulance service directors/managers. To accomplish this we feel we need to make leadership training available to all EMS managers and educators. We would develop and offer leadership training courses on an annual basis. Remembering that a large majority of EMS service directors/managers are volunteers and that we feel this training is so important it needs to be mandatory for all grant recipients. We feel we would need to pay the participants while they are attending classes and pay all expenses, room, meals, mileage just so the participants don’t lose money while attending the classes.

The last recommendation for grant expansion is to develop an annual state-wide recruitment drive. A state wide recruitment drive would help rural ambulance services with their "people" problem too. A recruitment drive coordinated by the ND EMS Association would include radio and TV promotions, billboards, newspaper articles and a tool-kit for each ambulance service. The tool kit could include template marketing materials for local newspaper, pamphlets, flyers and talking points for radio and TV spots.

Additionally, Section 2 of the bill would require the department to contract with a third party for the assessment process. We would like to offer an amendment for the committee's consideration that would also include the leadership training and statewide recruitment drive. This could be accomplished by inserting after "shall" on line 16, "contract with a third party to" and removing "Contract with a third party for" on line 17 and making the grammatical changes. This was the intent when we recommended it during the public safety interim committee, and we believe these are best offered by an advocacy organization not a regulatory agency.

Finally, we would appreciate the committee's consideration of an amendment or new section to Chapter 23-40 to create a committee to develop rules for the staffing grant. The committee would include one member from the ND DoH DEMST office, one ALS representative of the NDEMSA, one BLS representative of the NDEMSA, two rural volunteer providers from Access Critical Ambulance services, one provider from a service that has received the grant in previous years and one representative from an full time paid ambulance service. We believe a diverse committee would help focus the grants rules fit what is actually needed and make them more acceptable to services than if they came from a regulatory agency, it would create buy-in.

Chairman Lee, thank you for this opportunity to testify and I would be happy to answer questions the committee may have.

SB 2049

January 13, 2009

Testimony- Human services Committee
Maddock Ambulance Service
Marnie Olson, Maddock Ambulance Squad Leader

Good Morning Chairman Lee and members of the committee. My name is Marnie Olson, I am an EMT-Intermediate and squad leader for the Maddock Ambulance. Thank you for the opportunity to testify in support of SB 2049.

I believe Maddock Ambulance Service is typical of many rural ambulance services. We serve approximately 1000 households, a clinic, nursing home and a handful of businesses. Like many volunteer services, we are struggling. We have always operated on a volunteer basis, but with the outmigration of young people from our rural areas, this becomes more of a struggle each year. Two years ago we realized that the upcoming retirement of one of our squad members would leave us without weekday coverage. Fortunately we were able to apply for and receive a critical staffing grant made available for EMS in the last legislative session. This grant enabled us to do two things. Our first solution was to contract for EMT coverage 48 hours per week when our EMTs are not available. Our second solution came in the form of paying our volunteers a small stipend for call time. Though these two things have enabled us to stay in service for now, the struggle continues. We struggle with recruitment and retention and as the workload for the few increases, burn out becomes a problem.

The contents of this bill regarding EMS assessments and leadership training will also help our ambulance service remain operational. An assessment of our service by a third party could reveal options we may not recognize. Leadership training would make the enormous task of learning EMS management much less difficult. Compensating our people for this would relieve a financial burden, when they are required to take time away from their jobs for this EMS leadership training.

Please see my attachment that more completely describes the struggle of rural ambulance Services

Thank you Chairman Lee and members

Testimony- Human Services Committee
Maddock Ambulance Service
Marnie Olson, Squad Leader and Board President

I am writing as the squad leader of a rural ambulance service to ask for your help. Like most rural ambulance services, we were established and have always functioned by the support of local volunteers. We average between 60 - 70 calls per year. We are located nearly 50 miles from the nearest hospital and 20 miles from the next ambulance service, which is even smaller than we are. Our community, by a large majority, is senior citizens. Our town has a nursing home, a clinic, a small school (under 200 children K-12), a manufacturing plant and several small businesses. To sum it up, we are your average North Dakota small town, similar to a hundred others.

I have lived in North Dakota nearly all of my life, always in a rural community, so I have an understanding of the problems rural communities share. It seems their problems, though varied, for the most part are based on shrinking rural population. This has been an ongoing problem for many years. As our rural population continues to decrease, so do ambulance services' income and volunteers. What does not decrease however, is our service areas or our cost of readiness, both of which often increase, or our 'business' hours (24/7/365). Every year our rural services become more and more strained, and one by one they are closing. What happens when an ambulance service has to close? The surrounding services pick up the slack and keep struggling forward with an increased service area, increased expenses, longer call times, and longer wait times for the patient in need. As our services become more strained, EMT's become harder to recruit, we see an increase in 'burn-out' and the vicious cycle continues in a downward spiral.

I love EMS and am fortunate to have a 'day job' that involves EMS. My time 'off' is spent volunteering. My job gives me the opportunity to work with and talk to people from all over the state from many different ambulance services. The issue I hear repeated every time is difficulty recruiting and retaining personnel. Among the reasons given are a waning sense of volunteerism, the shrinking number of young people in rural communities and the time demands on already busy lives. We all share the same problems.

Some people think that the training requirements are too much, that we need to decrease the amount of education needed. Personally, I think this would not only not help, but would have a serious negative impact on EMS! I truly don't believe that less education would net us more volunteers. I do the scheduling for my hometown squad and know that oftentimes it is just as difficult to find a CPR driver as it is an EMT to cover a shift. Also, as our areas become more rural, the time between dispatch and definitive care increases. Decreasing

training requirements would certainly not benefit a patient in need. I believe that making continuing education more easily accessible would be much more effective. The hours spent travelling around the state for education would be better spent in training locally. Many volunteers do less than 20 runs a year. Without those hours spent on training and education would we be able to keep up our skills?

I don't know if there is a waning sense of volunteerism or not. It may very well be. I do know that while our populations decrease, our groups needing volunteers do not seem to follow suit. EMS, fire departments, churches and schools are just a few of the organizations that rely heavily on volunteers. We cannot do without any of them. People find themselves on more boards and committees than they would care to be on, while they travel further to work and their children travel further to school activities and sporting events. Most households now require two incomes making it more difficult to take care of things at home. The time required for EMS can be just too much. Run times can be hours (run time from dispatch to return to base for my home service is a minimum of 3 hours). Then there is the time required for restocking, cleaning, ordering supplies, meetings, paperwork, education, etc....The list goes on. These are hours taken from our jobs, from our sleep, from our families. The volunteers from my service average nearly 200 hours a month on call, some even more. That is more than a full time job! No wonder we have a retention problem. Many volunteers are lost to 'burn-out'.

So, what do we do? What would it take to break this vicious cycle? More people? Sure! But how do we get them, much less keep them? It is my belief that the unfortunate answer is the same one that would answer a lot of problems. Money. There are those who may argue this. They say they aren't involved in EMS for the money. That much is true for most of us. We are in EMS because we want to help. We want to know that when a person becomes sick or injured, someone will be there. We do it for the joy it gives us to be able to help someone in need, to relieve somebody's pain. The humility and awe we feel when, on occasion, we help save a life. These things we willingly do for free, so how would money help?

Let's look at it this way. What if you went to your job tomorrow and the boss said this to you? "My friend, you do a wonderful job and I don't know how this place would run without you, but we have a problem. I can't pay you anymore. The money just isn't there. I'd like you to continue to work here, but without pay." Yeah, right! No matter how much you love your job, it's likely you'd be down the road looking for a new one.

Rural services do not have the call volume to support themselves financially. We bill for our services, but reimbursement does not match the expense of being available 24/7. Like law enforcement and public schools, accessible ambulance service should be the right of our taxpayers. Our rural citizens should have access to quality emergency medical care. As rural volunteers, we are not asking for full time paid services. We know this is not fiscally possible. What we are asking for is the financial backing to make the changes needed to save our rural services.

Rural ambulance services are over stressed. The time has come that those of us who have always been there to help must ask for yours. The last legislative session passed a bill funding a staffing grant through the ND Division of EMS. This grant quite literally saved my hometown service. I do not doubt that we would have been out of service without it. Unfortunately this initial grant is more of an emergency stopgap than a solution. It has kept some of us afloat for now, but does not provide long term solutions. While I am more grateful than I can express for this grant, there is more that needs to be done.

The ND EMS Association and the ND Division of EMS have been working tirelessly with rural ambulance services to address the problems faced by rural EMS. They have developed a plan for an EMS system that will work for us. We are asking now for your support of SB2049 to make this plan a reality that will save rural ambulance services across the state. Thank you.

SB2049January 13, 2009

Testimony – Human Services Committee
North Dakota EMS Association

Steve Thomas, EMT Basic at West River Ambulance and NDEMSEA Board Member

Good Morning Chairman Lee and members of the committee. My name is Steve Thomas; I am an EMT Basic with West River Ambulance and a Board Member of the North Dakota Emergency Medical Services (EMS) Association. I thank you for the opportunity to testify in support of SB 2049.

I would like to share on the Recruiting, Training and Staffing sections of this bill. EMS is no different than any other business in that it needs to continue to recruit and train people to be Emergency Medical Technicians across our State at all levels First Responders, EMT- Basics and Paramedics. We are in need of recruiting and continual training to strengthen our Ambulance services to provide the best care possible in the prehospital setting. With this bill we are asking for \$4,524,000 for the purpose of bringing EMS awareness across our State so we can recruit new Medical providers and to train and support our existing Medical providers.

On the Staffing side of this bill we have seen success with the grants that we have provided for Ambulance services to be able to bring on an EMS Coordinator, staff for daytime coverage and the support of paying for call time in other areas of our State. West River was a recipient of one of these grants and that is how I came on staff with them. What it has done for us is this, we have a roster of 26 people and all but 3 have outside employment and work mostly evenings. It has allowed for us to have the people we need for daytime call to remain as an Advanced Life Support Service for our service area.

Chairman Lee, thank you for this opportunity to testify and I would be happy to answer questions the committee may have.

#5

From: curt@ [mailto:oakesambulance.com curt@oakesambulance.com]
Sent: Monday, January 12, 2009 3:44 PM
To: Lee, Judy E.
Subject: Senate Bill 2049

Dear Senator Lee, Chairwoman

I am writing to you requesting your support on Senate Bill 2049, which refers to funds being appropriated to assist Emergency Medical Services (EMS) in assessments, training and recruitment.

The passing of this bill will undoubtedly breathe some life to rural EMS in North Dakota. In my 13 years of ND EMS I have never seen a more crucial time in funding for rural ambulance services. Each passing day there are several services on the brink of closure, with three just within 35 miles of Oakes. All of us supporting this bill know money doesn't solve all problems, what we do know however is that this funding will create many unique opportunities to sustain many ambulance services and keep crucial services alive.

Essentially, three significant reasons we struggle are 1) advanced age of our volunteer staff, 2) decline in volunteerism, and 3) population decline in the rural setting. This bill will provide funding for additional staffing grants, provide leadership training and start a statewide recruitment effort. On top of these struggles, our pre-hospital education standards will be changing in 2011 that will mandate EMT courses change in length from the present 110 hours to nearly 200 hours.

I can go on and list the many reasons EMS is so crucial in our densely populated state, but I know how valuable your time is. Please know how important it is to get this bill onto a vote of your fellow Legislators and how crucial further debate is.

Thank you for your time and for your service to this great state of North Dakota.

Sincerely,

Curtis Halmrast NREMT-P
Paramedic, Oakes Volunteer Ambulance Service

From: Marnie Stadum [mailto:mstadum@hamc.com]

Sent: Thursday, January 15, 2009 8:13 AM

To: Lee, Judy E.

Subject: SB2049

Dear Senator Lee,

I testified on Tuesday in front of the Senate Human Services committee in favor of SB 2049. I really appreciate the discussion and questions that were brought forth during this hearing. I've never been involved in the process of a bill, so this is a great learning experience for me. During the testimonies on Tuesday there were some questions you had for Mark Weber on the best way to distribute reimbursement for service leaders. I wasn't sure the procedure for these hearings, so I didn't dare comment at the time, but I would like to do so now, for what it's worth.

If I understood your questions correctly, you were wondering if it would be better to reimburse the service leaders directly through the state for their training expenses or to go through the ambulance service. It seemed to me your concern was with making the process as easy as possible to ensure that people are fully reimbursed and that the wording will not restrict unforeseen expenses. My opinion on this is it would be more effective if this were reimbursed through the state. My experience with rural EMS and volunteer services tells me that, though reimbursement through the ambulance service would seem logical, the reality is, the money may not make it to where it should for couple of reasons.

The first reason is that Catholic/ Lutheran guilt you had mentioned. A Catholic/Lutheran volunteer EMT is even better at guilt! My service began paying \$1.50/hr call wage in January 2008 with the idea that it may encourage people to cover shifts. This was agreed upon by the board and the squad, but there were a couple of people on the squad who strongly resisted this. These people announced that they would not except call wage and before long a few more people were refusing it too. Overall the call wage has been a success and has made scheduling much easier. I think it may be easier for a volunteer to except reimbursement from the state than from their squad. The other thing that concerns me is whether or not the money would make it where it should. If each service decides what should be reimbursed and what should not, a few years down the road that definition could vary greatly from one squad to the next.

There was also a question as to who would be doing the 3rd party assessments and if each squad could hire there own '3rd party'. My concern on this is a lack of consistency. For many years rural services have operated somewhat freely without a lot of direction. I believe that the rural EMS crisis we are facing calls for consistency as we work to develop EMS systems that will work into the future. I think that many different assessors may lead to many different opinions and while any of them may be right, I think that it is critical that we work together and in the same direction at this time.

Thank you Senator Lee, for the work you do. I appreciate your taking the time to read and consider my thoughts on this.

Sincerely,

Marnie Olson

Maddock Ambulance, squad leader

NDLA, S HMS

From: Lee, Judy E.
Sent: Thursday, January 15, 2009 10:50 AM
Subject: NDLA, S HMS
FW: SB 2047

Mary –
Please put copies of this in our folders. Thanks!

Senator Judy Lee
1822 Brentwood Court
West Fargo, ND 58078
home phone: 701-282-6512
cell phone: 701-238-1531
e-mail: jlee@nd.gov

From: Woeste, Roxanne K.
Sent: Wednesday, January 14, 2009 6:12 PM
To: Lee, Judy E.
Cc: Porter, Todd K.
Subject: SB 2047 *SB 2049*

Senator Lee,

The following is detail regarding the appropriation of \$1,274,000 from the insurance tax distribution fund to the State Department of Health as provided in Section 5 of Senate Bill No. 2047:

Funds for implementation of an assessment process	\$770,000
Funds for providing leadership training to all EMS managers and educators	304,000
Funds to develop an annual statewide recruitment drive	200,000
Total	\$1,274,000

If you have any questions or need further information, please let me know.

Roxanne Woeste

Roxanne Woeste
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SB 2049

January 30, 2009

Testimony – House Appropriations Committee
North Dakota EMS Association
Mark Weber, NDEMSEA President

Good Morning Chairman Holmberg and members of the committee. My name is Mark Weber, and I am the President of the North Dakota Emergency Medical Services (EMS) Association and the EMS coordinator at the Heart of America Medical Center in Rugby. I thank you for the opportunity to testify in support of SB 2049.

In January of 2006 the ND EMS Association undertook the task of developing a plan to solve the issues facing ND EMS. We coordinated a meeting of EMS providers from across North Dakota. We had participation from, paid, volunteer, rural/frontier, urban, basic and advanced level providers. Our objective was to identify all obstacles that need to be addressed so EMS can continue to provide access to emergency healthcare through the ND EMS system. We identified 18 main issues then broke them down into smaller, solvable obstacles. Overall there are 49 obstacles that need to be addressed.

- 18 Issues
- Reasonable EMS
- EMS Systems

We (the North Dakota EMS Association) are looking to this committee for support on SB2049. This bill will help us increase the number of services that need assistance and expand the way the staffing grants can be utilized. This request is based on the need for continued access to emergency healthcare through the ND EMS System. The pure volunteer system can no longer sustain EMS services in many areas of North Dakota. We recommend increasing the total grant amount, the development of a peer assessment process for EMS agencies, a state wide recruitment drive and the development of a leadership program for ambulance service managers.

In 2007 the North Dakota Legislature allocated \$1,250,000.00 for ND EMS. This funding was allocated to assist EMS systems with a “people” problem. Where there are not enough “people” willing to volunteer their time to serve on ambulance services. This money was to go to the neediest services based on criteria developed by the ND DoH Division of Emergency Medical Services and Trauma through a grant process. These grants have been hugely successful and are accomplishing the goals as initially intended. The grants have helped 32 Access Critical Ambulance Services, and with the local matching requirement, the \$1.25M brought in an additional \$589,000.00 in local funds, thus having a total positive financial impact on ND EMS of \$1,839,000.00. We believe these grants should be expanded; and an additional \$3,250,000 made available to increase the number of Access Critical Ambulance Services we can help with their “people” problem, and increase the maximum amount they can receive. We also believe an additional \$1,274,000 should be included and allow the grant scope to be broadened in ways I’m about to explain to you.

As we analyze the grant application process and when we discuss the benefits and pitfalls with stakeholders we realize we need to make changes to the grant process, accountability needs to be a part of the process. We must be able to justify to the citizens and the legislature that the allocation is making improvements to the ND EMS System and the providers are focusing on EMS duties while getting paid and we are not spending the money on services that cannot be sustained. To do this we must not just give money to the services that request it. We need to help them develop realistic goals and plans to keep service available, and then help them accomplish their goals. We can make this happen with the implementation of a peer assessment process. The assessment would be part of the grant and would include a group of peers, not a regulatory agency assessing the EMS systems structure and processes, helping develop goals, then helping them accomplish the goals. We feel this assessment process could also be available to every EMS service that requests it. By assessing a service and developing goals then helping them accomplish the goals we can assure the money is making a difference and being utilized in an effective way. If a service cannot show improvement or cannot accomplish the goals, that service should probably not receive another grant.

- ND EMS Systems Assessments

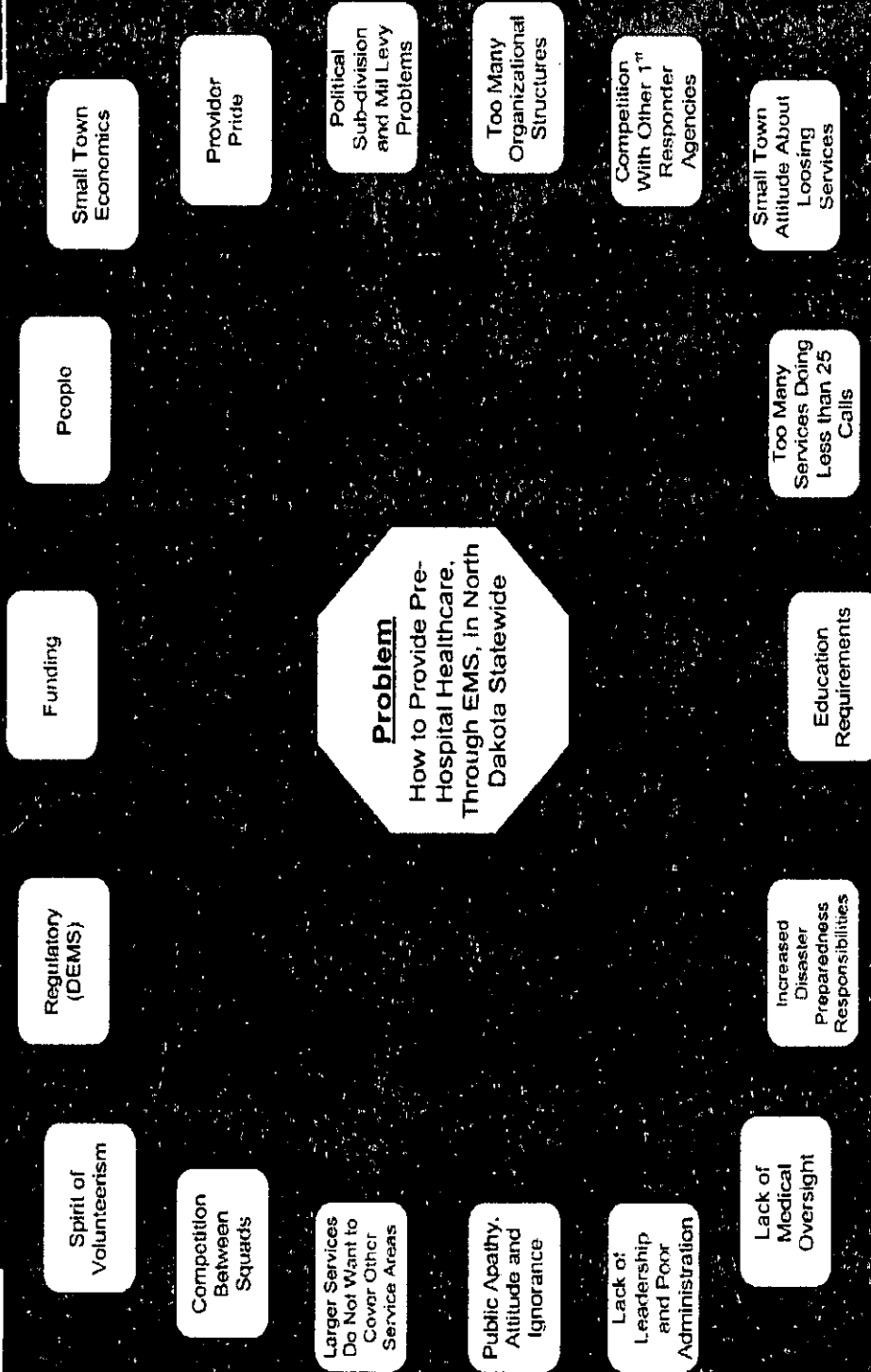
Another extremely important aspect to the success of these grants will be to have knowledgeable well informed ambulance service directors/managers. To accomplish this we feel we need to make leadership training available to all EMS managers and educators. We would develop and offer leadership training courses on an annual basis. Remembering that a large majority of EMS service directors/managers are volunteers and that we feel this training is so important in needs to be mandatory for all grant recipients. We feel we would need to pay the participants while they are attending classes and pay all expenses, room, meals, mileage just so the participants don't lose money while attending the classes.

The last recommendation for grant expansion is to develop an annual state-wide recruitment drive. A state wide recruitment drive would help rural ambulance services with their "people" problem too. A recruitment drive coordinated by the ND EMS Association would include radio and TV promotions, billboards, newspaper articles and a tool-kit for each ambulance service. The tool kit could include template marketing materials for local newspaper, pamphlets, flyers and talking points for radio and TV spots.

Chairman Holmberg thank you for this opportunity to testify and I would be happy to answer questions the committee may have.

Factors

Influences



Obstacles

Gaps



North Dakota
EMS Association

- PSAPs must automatically dispatch local EMS that normally serves that area and if the local ambulance provider is licensed at the basic life support level (BLS), they must also dispatch an advanced life support (ALS) ground if available and the patient has the following conditions:
 - Major trauma requiring transport to a designated trauma center.
 - Cardiac chest pain or acute myocardial infarction
 - Cardiac arrest.
 - Severe respiratory distress or respiratory arrest.
- If the incident occurs greater than 20 miles from a helicopter air ambulance base of operations but not more than 100 miles, a helicopter air ambulance must be dispatched under the following conditions:
 - Prolonged extrication time.
 - Multiple victims.
 - Ejection from vehicle.
 - Pedestrian/bicycle struck by a vehicle at greater than 20mph.
 - Burns of more than 10%.
 - Stroke symptoms.
- Give the Health Department the authority to regulate PSAP's so that these standards can be enforced.
- Dispatching multiple ground transporting agencies, called intercepts, can create a disparity in the billing process. DEMS recommends that this issue be studied to determine an equitable process to alleviate "unfunded" ambulance transports.

Response Times

DEMS has determined that the response time measurement should be divided into two segments; time from dispatch to time of EMS enroute and time enroute to time on scene. These standards should also be separated by population density; urban, rural, and frontier.

According to the state Department of Transportation, the major transportation corridors have many vehicles traveling on them (I29 has over 9,000 vehicles per day, I94 has over 8,500 vehicles per day, Hwy 83 has over 5,100 per day, and Hwy 2 has over 3,600). Therefore we feel that frontier communities that are on one of these major highways should have a response time standard equal to rural communities.

Finally, population density along with hospital location should be an indicator for ambulance and quick response unit placement. DEMS makes the following recommendations:

- Cities with a hospital must have an ambulance service.
- Cities with a population of at least 1,000 persons, and more than 10 miles from another city of 1,000 persons must have an ambulance; cities with a population of 500 – 999 and less than 25 miles from an ambulance must have a quick response unit or an ambulance. Cities that have a population of less than 1,000 but are

greater than 25 miles from an ambulance or a quick response unit must have an ambulance.

- Establish in statute or rule that urban ambulance services must have a response time standard of arriving on scene in less than 9 minutes 90% of the time.
- Establish in statute or rule that rural and transportation corridor ambulance services must have an enroute time of 10 minutes or less 90% of the time and an overall response time of less than 16 minutes 90% of the time.
- Establish in statute or rule that frontier ambulance services must have an enroute time of 10 minutes or less 90% of the time and an overall response time of less than 30 minutes 90% of the time.

DRAFT

EMS Systems in North Dakota

As proposed by the ND Emergency Medical Services Association

The North Dakota Department of Health, Division of Emergency Medical Services (DEMS) has defined "reasonable" emergency medical services (EMS) coverage for North Dakota (ND). They have also defined what an Access Critical Ambulance Service is and which services meet that definition. Using these two definitions, the ND EMS Association will propose a model for EMS systems in ND.

The Association does not want to limit the number of Ambulance Services in ND; however the association does not believe there will be enough financial support to fund every ambulance service at the part time or full-time paid level. We need to work with the definitions provided by DEMS and, in doing so, we identified that there should be a minimum of 79 EMS systems throughout ND. Within each system there is a variety of services available.

Base Ambulance Service

A Base Ambulance Service (BAS) is one that is located in a city that has a population of at least 1,000 people or in a city that has a hospital. These services should strive to provide ALS services to emergent and non-emergent calls as well as inter-facility transfers. They should be staffed by full-time paid employees or, at minimum, partial-paid employees with a full-time paid Manager. The Manager should be knowledgeable of EMS operations, the budgeting processes, legislative issues, be able to work with other disciplines and be able to take care of the administrative duties and community activities of the ambulance service. There should be policies and procedures in place that include medical oversight, a QI program, competency validation, maintenance records, an emergency operations plan and a board or executive officer overseeing operations.

A BAS should take a systems approach to providing EMS in their region and provide support to any ACAS, CAS, SAS, QRU, RU and/or FR, where available. Base Ambulance Services should offer ALS intercepts to area BLS ambulance services and provide level-appropriate inter-facility transportation for local hospitals. They should have an out-the-door time of no more than three (3) minutes. And should receive funding to support the systems approach based on the run volume, reimbursement, and given support to other services.

Access Critical Ambulance Service

An Access Critical Ambulance Service (ACAS) is a service that has been determined by the DEMS to be in a critical location for strategic placement of an ambulance service or a unit of an EMS system. A critical location designation means the area is outside the established service area of a Base Ambulance Service and is at a distance that would hinder an EMS system from achieving the defined reasonable response time requirement. These services should have at a minimum partial-paid employees that provide 24/7 basic life support (BLS) care; a Manager who takes care of the administrative duties and community activities of the ambulance service; and policies and procedures that include medical oversight, a Quality Improvement (QI) program, competency validation, maintenance records, works with the other services to establish a systems approach within the system service area. Something about the systems approach. an emergency operations plan and a board or executive officer overseeing operations.

Access Critical Ambulance Services should work with Base Ambulance Services for support in the areas of Advance Life Support (ALS) intercept capabilities, staffing, education and mutual aid. An ACAS can provide support for Community Ambulance Services (CAS), Sub-station Ambulance Services (SAS), Quick Response Units (QRU), Rescue Units (RU) and/or First Responders (FR), where available. And should receive funding to support the systems approach based on the run volume, reimbursement, and given support to other services.

Community Ambulance Service

Any ambulance service that is outside the definitions of Base Ambulance Service or Access Critical Ambulance Service, and is located within a service area of a Base or Access Critical Ambulance Service, is a Community Ambulance Service. These Community Ambulance Services (CAS) should provide a minimum of 24/7 BLS care. The service should have a Manager who takes care of the administrative duties and community activities of the ambulance service. There should be policies and procedures that include medical oversight, a QI program, competency validation, maintenance records, an emergency operations plan and some sort of board or executive officer overseeing operations. They should work with the closest service and a BAS for support, ALS intercept, and mutual aid.

Sub-station Ambulance Service

Any ambulance service unable to provide 24/7 coverage should consider being a Sub-station Ambulance Service (SAS). The SAS must be licensed under another ambulance service. The two ambulance services must combine administration, policy and procedure, medical direction and communications. The purpose of an SAS is to keep ambulances in communities as long as possible even when they can no longer provide 24/7 coverage.

Quick Response Units, Rescue Units and First Responders

Quick Response Units, Rescue Units and First Responders are resources for a licensed ambulance services and can respond to calls along with the licensed ambulance services and SAS. The purpose of these units is to decrease the time it takes to get an EMS provider to the patient. In areas where reasonable response time is not possible as defined by DEMS or where community ambulance services can no longer provide service. These units are an integral part of an EMS system: they arrive first; they provide life saving procedures; they stop bleeding; and provide initial airway management. They can be available 24/7 or not and should be included in the initial dispatch of an emergency. And should receive funding to support the systems approach based on the run volume, reimbursement, and given support to other services. For Access critical QRU.

Funding will be available for all EMS providers (Education, testing) funding for leadership training, evaluations,



ND EMS System Assessments

This would be an assessment of an individual EMS service. The team would look at the following issues; Interviews would be set up for a two day schedule. The team would ask each individual group to present their thoughts and answer questions.

There would be a core group of 10 team members. One of the core group would be at every assessment for consistency. There would be 2 or 3 other team members completing the assessment.

The association secretary would be responsible to coordinate the assessments with the ambulance service and compile the information from the team into a standardized report.

Ambulance Organization Structure

Board of directors	Medical Direction
Leadership qualifications	Education Record keeping
Call Volume	Response times
Service area	Quality review process
Policies and procedures	

Provider Interviews

What they think would help the ambulance service
Squad Leader
Treasurer
Training officer
How well they follow policy

Community Interviews

City council/Mayor
County Commissioners
Business Leaders
General Public
Finance/Auditor

Area Ambulance Services

Perception of how well the service is doing
Status of area services
Willingness to work together

Local Police or Sheriff Departments

Local Fire Chief

Reasonable EMS Coverage in North Dakota

Although there are many components in the EMS system, to understand "reasonable EMS coverage" for North Dakota we feel that the legislature is asking for performance indicators regarding the initial emergency response. The statute does require that response times be factored in when making this determination. The North Dakota Department of Health, Division of Emergency Medical Services (DEMS) has determined that initial response of EMS includes; access to the EMS system, Emergency Medical Dispatch (EMD), and time from EMS notification to arrival on scene (response times).

Access to the EMS System

The 9-1-1 system has been approved by every county in the state and is operational in all but Rolette County. Rolette is working on implementing their system soon. However, not all ambulance services have updated their dispatching process over the years. There are some services that do not use a radio or pager dispatch system, and some services that use a third party such as a hospital or nursing home to page out the ambulance. The public is paying for the 9-1-1 system and has easy and timely access to speak with a dispatcher. Handing off the call to a hospital or nursing home to do the dispatching creates a delay, and using a telephone notification system is also a delay that costs precious minutes for someone's emergency. Also, many services do not have scheduled persons on call; they just wait until a full crew responds to the ambulance base to go. DEMS makes the following recommendations to improve the access to EMS process:

- Require through statute or rule that EMS agencies to be dispatched by radio or pager.
- Require through statute or rule that EMS agencies have scheduled persons to be on call at all times.

Emergency Medical Dispatch

Much of this vital component in the EMS system has been addressed in statute. North Dakota Century Code § 57-40.6-10 (9) requires that every person that answers emergency 9-1-1 telephone calls be trained in EMD and that every public safety answering point (PSAP) offer pre-arrival instructions. DEMS makes the following recommendations to improve EMD:

- Ambulance services may respond with a fragmented crew. For example, the EMT can respond directly to a scene in his/her private vehicle and the driver would go to the ambulance station and respond with the ambulance. However this may create a potential disconnect in the response. Therefore DEMS recommends establishing in statute or rule a requirement that ambulance services have affirmative communications (handheld radios) capable of communicating with each other and dispatch if they intend to respond in this manner.